



Early Intensive Developmental and Behavioral Intervention (EIDBI)

EIDBI 60-Day Temporary Increase Request for Intervention Services

The EIDBI provider agency uses this form to request a temporary increase in EIDBI intervention services above what was recommended based on the [Comprehensive Multi-Disciplinary Evaluation, DHS-7108 \(CMDE\)](#). The provider must consult with parent/legal guardian about this request. The parent/legal guardian's signature indicates that he/she approves of the request.

How to submit

If you already have Keystone Peer Review Organization (KEPRO) portal access, upload completed form at mhcp.kepro.com.

If you need access to the portal, contact KEPRO at 612-354-5589 or 866-433-3658.

Approval process

If approved, the increase is temporary and lasts up to 60 days. This temporary increase of intervention services will determine if additional intensity and frequency improves or affects treatment outcomes for the child.

The child must have a current EIDBI service agreement and receive services for at least 60 days before the state medical review agent will review the request for a temporary increase.

Instructions

Instructions to complete this form are on Page 3. If you have additional questions, email asd.dhs@state.mn.us.

Recipient information

LAST NAME	FIRST NAME	MI	PMI NUMBER	DATE OF BIRTH

EIDBI services (complete those that apply)

PROCEDURE CODE	EIDBI INTERVENTION SERVICE	MODIFIER	TOTAL UNITS REQUESTED	START DATE	END DATE
0368T	Temporary increase: Individual (first 30 minutes)	UB, TF			
0369T	Temporary increase: Individual (additional 30 minutes)	UB, TF			
0364T	Temporary increase: Individual (first 30 minutes)	UB, TF			
0365T	Temporary increase: Individual (additional 30 minutes)	UB, TF			
0366T	Temporary increase: Group (first 30 minutes)	UB, TF			
0367T	Temporary increase: Group (additional 30 minutes)	UB, TF			

Justification

Provide an explanation for your request to temporarily increase the Comprehensive Multi-Disciplinary Evaluation (CMDE) recommended number of units for EIDBI intervention services. Include the following in your answer: Revised ITP objective, current baseline data, current progress monitoring (percent achieved) and revised goal mastery (percent required). **For more information on how to answer this question, see "justification instructions" on Page 3.**

Provider information

PROVIDER NAME			NPI NUMBER
NAME OF PERSON MAKING REQUEST	TITLE OF PERSON MAKING REQUEST	PHONE NUMBER	FAX NUMBER
SIGNATURE			DATE

Parent/legal guardian information

PARENT/LEGAL GUARDIAN 1	
NAME	PHONE NUMBER
SIGNATURE	DATE
PARENT/LEGAL GUARDIAN 2	
NAME	PHONE NUMBER
SIGNATURE	DATE

EIDBI 60-Day Temporary Increase Request for Intervention Services Instructions

Recipient information

- Enter the child's complete legal last name, first name and middle initial
- Enter the child's 8-digit PMI number
- Enter the child's date of birth

Services

- Determine the service area you are requesting and complete those that apply.
- For each service, enter the total number of additional units you request for the temporary increase (**Note:** These are the additional units above what the ITP determined originally for the service authorization. The total number of units for all EIDBI intervention services cannot exceed 80 units/week or 480 units over the 60 days allowed for the temporary increase.)
- Enter the start date for the temporary increase of EIDBI services
- Enter the end date of the for the temporary increase of EIDBI services
- Enter the end date as to when the temporary increase in the number of units is expected to end

Justification

- Enter the reason for requesting a temporary increase in the number of units for EIDBI intervention services
- The justification must support the need to increase the frequency or duration of interventions. Justification may also include changes to the location of where the services are being provided (i.e., home, clinic, community, center) and/or the level and type of parent/caregiver involvement.
- Identify the ITP development goal domain(s) which will be impacted by the temporary increase that includes the:
 1. Revised ITP objective
 2. Current baseline data
 3. Current progress monitoring (percent achieved)
 4. Revised goal mastery (percent required).

Provider agency information

- Enter the provider name
- Enter the provider's NPI
- Enter name and title of the person who is submitting the request
- Enter the provider phone number
- Enter the provider fax number

Parent/legal guardian information

- Enter the parent/legal guardian 1's name
- Enter the parent/legal guardian 1's phone number
- Obtain parent/legal guardian 1's signature
- Enter date parent/legal guardian 1 signed

If applicable, repeat for parent/legal guardian 2

Submission

Upload signed and completed document through the KEPRO portal at mhcp.kepro.com.

651-431-4300 or 866-267-7655

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0001 (3-13)



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